TEST REQUISITION FORM (TRF)

NABL MC-3933

SagePath® Excellence In Health Care

SPL CODE : Spl4015 Rs Patrolo Date :

S.No.	Patient Name in Capital	Age/Sex	Test Code & Test Name	Sample Type	Barcode No.	Sample Collection Date & Time	Ref. Customer	Referral Doctor
1.	MR puspalata	45/F	Biopsy Large	Tissue				MAHADEV Hospital
2.			A0846167					
3.								
4.								
5								

ZW2

महादेव सुपर स्पेशलिटी हॉस्पिटल
!! क्योंकि आप हैं अनमोल !!
An ISO 9001:2015 Certified Hospital
व्यापार विहार रोड, बिलासपुर (छ.ग.)
फोन : 07752 415285, 406006

PATHOLOGY TEST REQUISITION FORM

NAME : Pushp lata Sahu AGE : 45 SEX : F

REF. BY : Dr. Ishana Singh RECEIVING DATE: 18/9/21

PREVIOUS BIOPSY OR CYTOLOGY : ( ) NO ( ) YES

IF YES, PLEASE MENTION DETAILS:

Uterus & ovary cancer

PREVIOUS PATHOLOGICAL DIAGNOSIS :

RELEVANT INFORMATION : (Clinical, Radiological, Biochemical & others)

CLINICAL DIAGNOSIS:

NATURE OF SPECIMEN: D